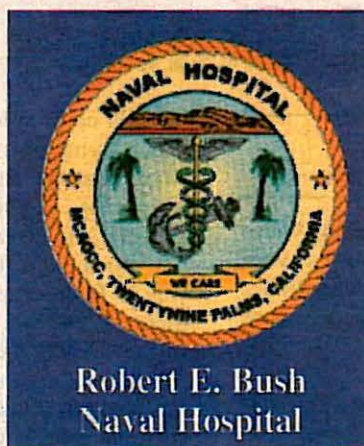


**Hospital Nurse Wins  
Car on "The Price is  
Right"**

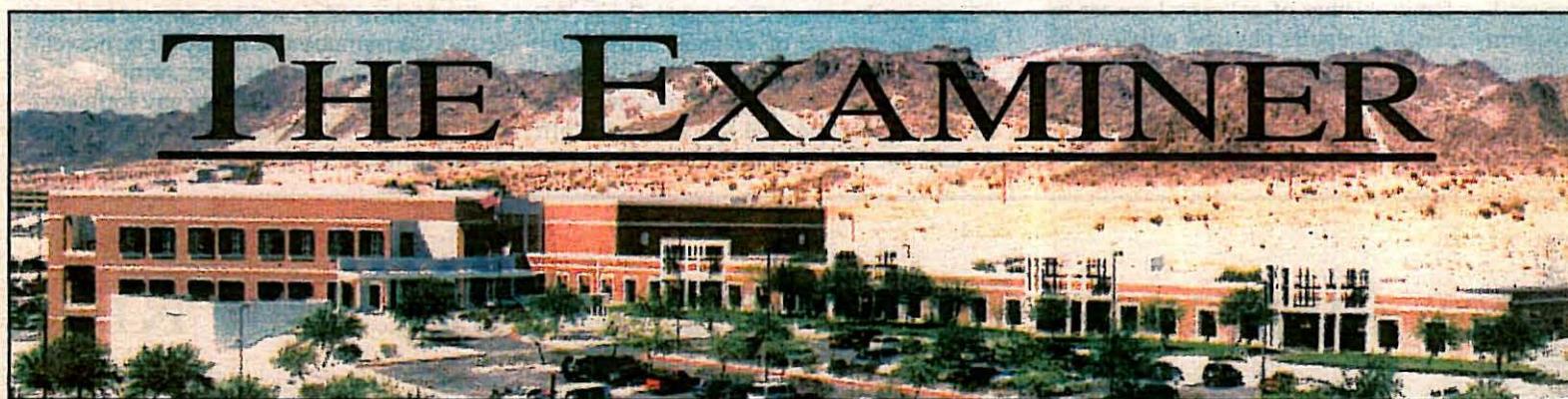
*See story on back  
page.*



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*Inside...*

**C**olorectal cancer, or cancer of the colon or rectum, is the second-leading cause of cancer-related deaths in the United States, claiming over 56,000 lives every year. An estimated 129,400 men and women will be diagnosed with colorectal cancer this year alone. Lung cancer from tobacco use is the leading cause of cancer related deaths for both men and women. *page 2*

**P**roper nutrition and physical fitness is an important part of our daily lives. Registered Dietitians feel it is imperative to devote one month per year to get our message across. *page 3*

**Visit the Naval Hospital at  
[www.nhnp.med.navy.mil](http://www.nhnp.med.navy.mil)**

*Discover CHCS II...*

## Your New Electronic Medical Record

**T**he next time you visit Naval Hospital Twentynine Palms, you will see a new computer in your provider's office or exam room. This computer is part of an exciting new information system being added to Naval Hospital Twentynine Palms existing technologies. Called the Composite Health Care System II, or CHCS II for short, this system is replacing our current paper-based records with a permanent, computer-based patient record, which will be accessible by authorized providers and staff throughout the DoD's Military Health System (MHS).

Over the next several years, CHCS II will be implemented in all military treatment facilities, both stateside and overseas. When fully installed, CHCS II will provide each beneficiary with a computer-based patient record. This new record is an automated, permanent (life-long) computerized record that will contain your past health history that has been entered in CHCS II, current health status, and health planning recommendations. Eventually, CHCS II computer documentation will replace all paper-based health records. When the migration to computerized medical records is complete throughout the DoD, the paper records will be archived.

With CHCS II, your provider will enter the health information from your visit into the computer. That information is then instantly recorded in your electronic medical record throughout the medical facility and elsewhere in the MHS. For instance, all laboratory, radiology, or pharmacy orders are sent immediately to the respective departments. Providers and staff will not have to sort through stacks of paper to find your record; various forms will not be misplaced or misfiled; and once CHCS II is implemented throughout the DoD, you will not have to hand carry your records between duty stations or facilities. With CHCS II, your health records will be accurate and legible for all providers. The system will alert your provider about possible drug allergies or other

current prescribed drugs, thereby reducing the potential for medical errors. The system also will ensure the availability of past laboratory and radiology reports, saving time and reducing the number of possible repeat procedures.

Protecting the privacy of your personal medical information is of paramount importance to us. To that end, CHCS II has been designed

*Please see CHCS II on page 7*

*New baby in the house?*

## Don't forget to enroll in TRICARE

**TRIWEST HEALTHCARE ALLIANCE** -- Life can get hectic when there's a new addition to the family, but don't let time slip away before enrolling the new loved one in TRICARE's Prime health care plan.

Under TRICARE's new policy, parents now have 60 days from the birth or adoption of TRICARE eligible children to enroll them in TRICARE Prime to help avoid delays or gaps in processing health care claims.

Children must be registered in the Defense Enrollment Eligibility Reporting System (DEERS) database within the first 60 days of their life or adoption or they will not show as being eligible for TRICARE Prime benefits.

To register, obtain a copy of the child's birth certificate, certificate of live birth, or adoption papers and file it with the base personnel office. If the sponsor is deployed or on TDY, the other parent or a guardian should be prepared to show power of attorney to register.

*Please see NEW BABY on page 7*

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Here's to your health...

# March is Colorectal Cancer Awareness Month

By Martha Hunt, M.A., Health Promotion Coordinator  
Robert E. Bush Naval Hospital

**C**olorectal cancer, or cancer of the colon or rectum, is the second-leading cause of cancer-related deaths in the United States, claiming over 56,000 lives every year. An estimated 129,400 men and women will be diagnosed with colorectal cancer this year alone. Lung cancer from tobacco use is the leading cause of cancer related deaths for both men and women.

Both men and women are at risk for colorectal cancer. The disease is most common among people aged 50 and older and the risk increases with age. A family history of colorectal cancer or colorectal polyps also increases the risk of developing colorectal cancer.

The risk for developing colorectal cancer increases with advancing age. Risk factors include inflammatory bowel disease, a personal or family history of colorectal cancer or colorectal polyps, and certain hereditary syndromes. Lack of regular physical activity also contributes to a person's risk for colon cancer, but does not affect rectal cancer risk. Other factors that may contribute to the risk for colorectal cancer include low fruit and vegetable intake, a low-fiber and high-fat diet, eating a lot of red meat, obesity, alcohol consumption, and tobacco use.

While early colorectal cancer often may have no symptoms, sometimes symptoms do occur. Symptoms to watch for include blood in or on the stool, a change in bowel habits, stools that are narrower than usual, general stomach discomfort, frequent gas pains, or weight loss. If you have any of these symptoms, discuss them with your doctor. Only your provider can determine the cause of the symptoms.

If you are age 50 or older and have never been screened, start now. Screening is the best way to find polyps before they become cancerous, or to find an early cancer, when treatment can be most effective. Talk with your doctor about the screening options that are right for you. There are several screening tests from which you and your doctor can choose.

If colorectal cancer hits mainly people over age 50, why do I need to think about it now? You need to think about it when you are in your 20's through 40's as there is a strong link between diets low in fiber and high in red meat and the risk of developing colorectal cancer. What we eat today puts our health at risk far into the future.

How can I prevent Colorectal Cancer? Eat a diet high in fiber and low in fats and red meat. Taking care of yourself and limiting alcohol consumption will also help prevent colon cancer. If you have a family history of colorectal cancer, let your primary care provider know so you can begin screening early. Also, if you use tobacco in any form stop as soon as possible. The Naval Hospital offers tobacco cessation classes on a monthly basis to help you kick the habit. Call 830-2814 for more information on how to quit tobacco.

## Medical Minute...

# March-Diabetes Awareness Month: Assessing Your Risk

By Lt. Catherine Durham, MSN, FNP  
Robert E. Bush Naval Hospital

### What is diabetes?

**T**here are 2 types of diabetes. Type 1 diabetes occurs when the body does not make a hormone called insulin. Insulin helps the body use sugar (also called glucose) for energy. People with type 2 diabetes either do not have enough insulin or their cells ignore the insulin they have. Nearly 95% of people with diabetes have type 2.

### Am I at risk?

You are at higher risk for diabetes if it runs in your family, or if you are Native American, Hispanic American, African American or Pacific Islander. Gestational diabetes (diabetes you have during your pregnancy) or giving birth to a baby who weighs more than 9 pounds may also mean that you have a tendency to have diabetes.

If you have such a tendency, the following risk factors make you more likely to develop high blood sugar and diabetes:

- \* Obesity (being overweight)
- \* Older than 45
- \* Sedentary lifestyle (not exercising)
- \* Unhealthy diet

By addressing these risk factors you can delay or prevent the development of diabetes.

What can I do to reduce my

risk?

Talk to your doctor about your risk factors. Although you can't change all of them, you can make substantial changes to lower your risk of diabetes. The rest of this article tells you about each risk factor and what you can do.

### Weight

Obesity is the single most important risk factor for type 2 diabetes. Between 80% and 90% of people with diabetes are overweight — that means they weigh at least 20 percent more than the ideal body weight for their height and build. To figure out if you're overweight, check the chart at the end of this handout and talk to your doctor. A healthy, low-fat diet and regular exercise can help you lose weight gradually and keep it off.

### Age

The risk for type 2 diabetes increases with age. Half of all people diagnosed with diabetes are over 55. Although you can't change your age, you can work on other risk factors if you are over 45 years of age.

### Family history

Although you can't change your family history either, it is important for you and your doctor to know what "runs in the family." Having 1 relative with diabetes doubles your chances of having it, and having 2 relatives with diabetes quadruples your

chances. Tell your doctor if anyone in your family has diabetes.

### Race/ethnic background

Some ethnic groups have a higher risk of diabetes than others.

Please see ASSESSING YOUR RISK on page 7

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The Examiner welcomes your comments and suggestions concerning the publication. Deadline for submission of articles is the 15th of each month for the following month's edition. Any format is welcome, however, the preferred method of submission is by e-mail or by computer disk.

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# March is National Nutrition Month -- Get a taste for Nutrition

**P**roper nutrition and physical fitness is an important part of our daily lives. Registered Dietitians feel it is imperative to devote one month per year to get our message across. The theme for the 2005 National Nutrition Month is: "Get a taste for nutrition!"

There are five key components for 2005's National Nutrition Month:

- \* Be adventurous and expand your horizons. Explore the wide world of nutrition by trying a variety of foods. Variety is important to good nutrition and health.

- \* Treat your taste buds. Enjoy

eating all your favorite foods, just try eating them in moderate amounts. Remember, it is what you eat over several days, not just one meal or day that counts.

- \* Maintain a healthy weight. Healthy eating and regular physical activity make it easier to achieve lifelong weight management and long-term good health.

- \* Balance food choices with your lifestyle. Choosing the right balance of food helps you get the right combination of nutrients. Therefore, balance your food choices with your physical activities to achieve and maintain a healthy weight and lifestyle.

- \* Be active. Make a list of physical activities that fit into

your lifestyle and schedule one everyday.

In this day and age, people are looking for the easiest and fastest way to lose weight. This is why fad diets, such as the Atkins, South Beach, Hollywood, etc., are so popular. Often individuals on those diets lose weight at first; but over time have difficulty maintaining their new weight.

Instead of looking for a quick fix, Registered Dietitians try to educate individuals that losing weight and keeping it off takes time and effort. Very simply, the key to a weight loss plan is reducing your intake of calories while increasing your physical activity. It's all about calories you put into your body versus the

calories you burn. A balanced diet should include fruits, vegetables, whole grains, and lean protein sources. If you accompany this sensible plan with daily physical activity to help your body burn calories, you will be able to achieve and maintain a healthier weight.

Calories add up over time, just like your credit card bills. If you eat more than your recommended calories for the day, increase your exercise for that day to balance the calories in vs. calories out. This flexibility allows you to splurge every now and then. Dietitians like to remind everyone that all foods can fit into their daily meal plan. Therefore, you may eat the decadent choco-

late cake for dessert one night, as long as you do not do it every night. For this reason, Dietitians do not use the term "dieting" when instructing someone on weight loss. Instead, they educate that the safer and more appropriate method for weight loss and maintenance is that individuals simply make better food choices, watch portions, and remain physically active.

Registered Dietitians are the nutrition subject matter experts. Nutrition classes are available for general information; or you may set up an appointment for more individual-specific information. POC: LT Michael Mero, Head, Nutrition Management Department.

## TRICARE OnLine -- The Easy Way to Make an Appointment

**A**re you and your family currently registered with the Tricare Online website?

Tricare Online is a Department of Defense (DOD) computer system. If you are registered with the Defense Eligibility Enrollment Reporting System (DEERS), and are enrolled with Tricare Prime, you are eligible to register with Tricare Online.

If you are enrolled to this facility as a Tricare Prime Beneficiary, and have been assigned a Primary Care Manager, you are entitled to take advantage of special benefits such as making minor routine and follow-up appointments through our home page (<http://www.nhtp.med.navy.mil/>) via the appointment link or go

directly to <http://www.tricareonline.com>.

For physicals or multiple-problem type appointments, you will need to call our Outpatient Services at (760) 830-2752. These types of appointments require a longer time with your physician.

Other options you will have available to you with Tricare Online are:

### My Personal Health

- \* My Personal Health Information: My Personal Health information gives you information on your healthcare team and allows you to store your personal health information and access resources in a secure environment. You can even create your own personal health journal, access patient-focused

web pages of your healthcare team, store your favorite links to health or wellness sites, and access disease tracking and management tools.

### General Health Information

#### \* Be Well:

Access our wellness center for a comprehensive collection of features, factoids, and news to keep you and your family healthy.

#### \* Get Answers:

An educated healthcare consumer is the best kind. Learn about symptoms, medications, treatment options, and more.

#### \* Rx Checker:

Check your medications for possible harmful interactions.

### For Kids

#### \* Games for Kids:

Access fun tools and games

that can help your children learn more about themselves and the world around them.

#### \* Get Answers:

Learn about symptoms and treatment options for your children.

If you wish more information about Tricare Online, or you are

experiencing difficulty registering, please contact the DCS Business Office at 760-830-2675.

Make your appointment at the Robert E. Bush Naval Hospital by using TRICARE Online <http://www.tricareonline.com>



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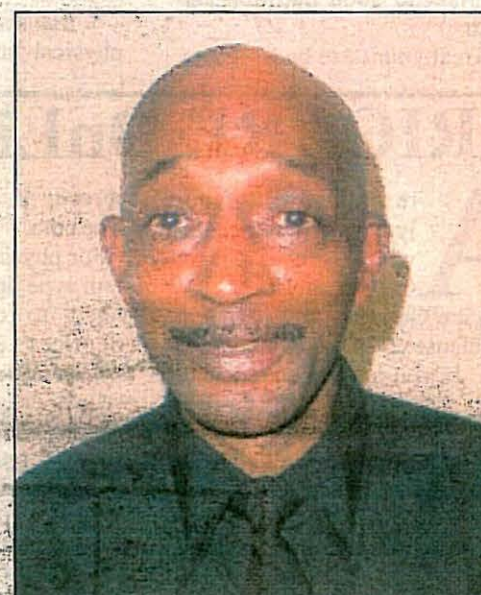
# Super Stars and Hard Chargers...



As part of the Naval Hospital's month-long celebration of Black History Month in February, a special cake was prepared. At the cake cutting ceremony are from left to right, Lt. Cmdr. Marjorie Alexander, CSSN Commander Jackson, Mr. Starr, a customer, CS1 Ricky Monge, CSSN Doyle Shines, CS2 Joe Lee, CS3 Smark Lara, CS3 James McLain, CS1 Kevin Stewart, CS3 Frederick Allen.



HM2 Juan Rodarte received a Commanding General's Prevention Program Certificate of Appreciation.



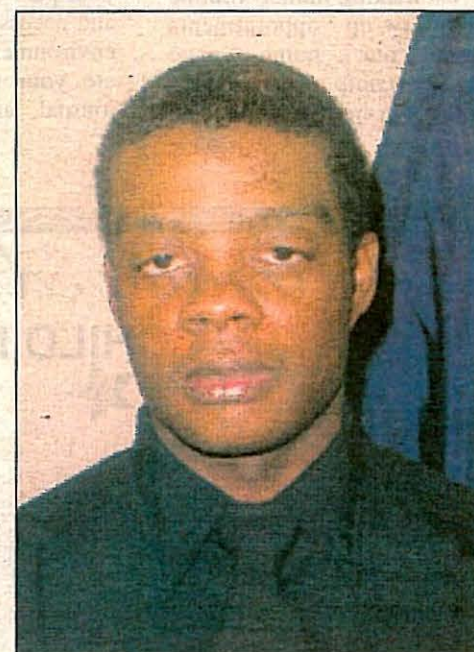
HM1 Kenneth Florence received a Commanding General's Prevention Program Certificate of Appreciation.



CS1 Robert Murray received his fourth Good Conduct Medal.



Elaine Grossman received a Commanding General's Prevention Program Certificate of Appreciation.

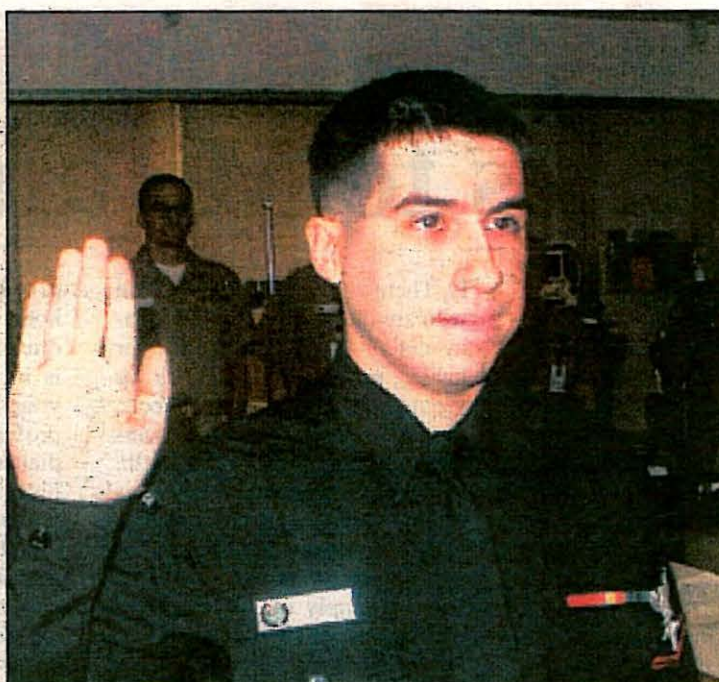


HA James Robertson received a Commanding General's Prevention Program Certificate of Appreciation.





**HM2 Sonya Rainbolt received a Commanding General's Prevention Program Certificate of Appreciation.**



**HM3 Sergio Rodriguez took the oath during his recent reenlistment ceremony.**



**HM3 Joseph Teodoro received a Commanding General's Prevention Program Certificate of Appreciation.**



**Carlos Tafoya takes the oath during his recent reenlistment ceremony in front of the hospital.**



**Lieutenant Daniel Anthony, Nurse Corps, retired after 20 years of Naval Service.**



**HN Robin Taylor received her first Good Conduct Medal.**



**Martha Hunt received a Commanding General's Prevention Program Certificate of Appreciation.**



**SK2 James Herford received a Commanding General's Prevention Program Certificate of Appreciation.**



## Gestational Diabetes...

# What it Means to Me and My Baby

By Lt. Cmdr. Kathleen Hewitt  
CNM, WHNP  
Robert E. Bush Naval Hospital

## What is Diabetes?

Diabetes is a condition in which your body needs help to use food properly to supply you—and your unborn baby—with the energy needed for growth and health. Our bodies are made up of millions of cells. These cells provide the body with energy, but to make energy, cells need food in a very simple form. When we eat, our food is broken down in the stomach and intestines. It is changed into a simple form of sugar called glucose. Blood glucose, or blood sugar, is the substance that feeds our cells.

Glucose enters the bloodstream from the intestines and flows to the cells. But glucose cannot enter the cells by itself. It needs insulin to carry it through the cell wall openings. Insulin is made in the pancreas. When we eat, food turns into glucose. This glucose increases in the bloodstream, signaling the pancreas to release insulin. Insulin joins glucose in the bloodstream to carry it into

the cells, where it can nourish our bodies and give us energy.

With diabetes, glucose does not enter cells properly. Diabetes causes the unused glucose to build up in the bloodstream, sometimes known as "high blood sugar".

## What is gestational diabetes?

In all pregnancies, there is increasingly more stress on the pancreas and more demand for extra insulin. In some women, the pancreas is unable to supply enough insulin to meet these increased demands. Gestational diabetes is diabetes that first appears during pregnancy. Usually, it is temporary, going away after delivery of the baby.

## Does gestational diabetes affect the baby?

Your baby is very unlikely to have diabetes. However, if your diabetes is left uncontrolled, it can have other effects on your baby. With diabetes, the mom's body may supply too much glucose to the baby, making him produce more insulin than usual. This can lead to abnormally large growth of the baby, making vaginal birth more difficult or a Cesarean section birth more like-

ly. There is evidence that women who are diabetic before pregnancy not only give birth to larger babies, but are increased risk for problems such as birth defects, excess amniotic fluid, miscarriage, premature labor, stillbirth, and fetal problems such as immature lung development. The baby's pancreas must make an oversupply of insulin to handle the oversupply of glucose from the mother. At birth, when he no longer receives glucose from the mother, the baby's extra insulin might cause him to have a low blood sugar reaction.

The main concern with the baby's health is that he remain strong and not grow too large, so he can be carried to his due date and be delivered without complications. When the mother's diabetes is controlled, problems usually can be avoided.

## What does gestational diabetes mean to the mother?

Ninety-seven out of one hundred women with gestational diabetes will have normal blood sugar levels after delivery...meaning no diabetes. However, gestational diabetes can return with each pregnancy. If you become pregnant again, tell your care provider that you had gestational diabetes, and he/she will have you do an early blood glucose test about 12 weeks into your pregnancy. Every pregnant woman will be screened for gestational diabetes at approximately 26 to 28 weeks of pregnancy. The test is in two parts. First, you will drink a glass

of a sugar drink. Then, after an hour, a sample of your blood is drawn to see how much glucose is in it. If the level of sugar in your blood is normal, then you probably do not have gestational diabetes. If the sugar level is high, then you might have gestational diabetes. Usually another blood test is done to determine if you do have gestational diabetes.

What are the risks for developing gestational diabetes?

Knowing if you have any risks for developing gestational diabetes can help you and your care provider recognize the possibility that you may need to begin early in controlling your blood sugar. Gestational diabetes in a previous pregnancy; obesity; a family history of diabetes in your parents or siblings; older maternal age; a previous stillbirth or spontaneous miscarriage; a previous baby who weighed greater than nine pounds; tobacco use; a history of pregnancy induced high blood pressure, urinary tract infection, or polyhydramnios (extra amniotic fluid); or women of Hispanic or African-American descent are all risk factors for developing gestational diabetes, and possibly diabetes later in life. Diabetes is likely to return later if you do not control your weight.

## What should I do if I have gestational diabetes?

If your care provider tells you that you have gestational diabetes, you will need to follow a treatment plan to keep the condition under control. Most treat-

ment plans include testing your blood sugar level, eating healthy diet, and getting regular physical activity. Eating makes blood sugar go up, while proper exercise and insulin make it go down. Your food must balance your exercise and insulin production so your blood sugar will stay within a normal range and not go too high or too low. Some women may also need to take insulin as part of their treatment plan. Your care provider and the dietician will work closely with you to make sure you are keeping your blood sugar in a healthy range for you and your baby.

Labor and delivery when you have gestational diabetes.

In the labor room and during delivery, your blood sugar will be monitored and your IV fluid will give you glucose for energy while you are laboring. There is the possibility that, if your baby is large, labor may be induced early, or delivery by Cesarean section may be necessary.

At birth, your baby probably will be observed for signs of low blood sugar and watch for signs of jaundice (which is common in many babies). Both conditions are temporary and easily treated.

In most ways, your pregnancy is like any other. Attend prenatal and childbirth classes to prepare for your newborn. If at all possible, plan to breastfeed, as this will be good for your baby and for you, as well. Breastfeeding may also help you lose weight.

To lessen your chance of having diabetes in the future, control your weight, and have your blood sugar tested every year throughout your life.

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kept it up until a hunter  
came along and shot him...  
The moral: When you're  
full of bull, keep your  
mouth shut.

-- Will Rogers



## ASSESSING YOUR RISK...

Continued from page 2

You are at greater risk if you belong to one of these groups:

- Native American
- Hispanic American
- African American
- Pacific Islander

Compared with Caucasians, African Americans are twice as likely to have type 2 diabetes, Hispanic Americans are 2 1/2 to 3 times more likely and Native Americans are 5 times more like-

### Exercise

Exercising and maintaining a healthy weight can reduce your risk of diabetes. Any amount of activity is better than none, but try to exercise 4 to 6 times a week for 30 to 60 minutes each time. If you haven't exercised for

a while or you have health problems, talk with your doctor before starting an exercise program.

### Diet

A diet high in fat, calories and cholesterol increases your risk of diabetes. In addition, a poor diet can lead to obesity (another risk factor for diabetes) and other health problems. A healthy diet is high in fiber and low in fat. Also, remember to watch your portion size — how much you eat is just as important as what you eat.

**Gestational diabetes**  
Gestational diabetes is a kind of diabetes that happens only during pregnancy. It occurs in about 3 percent of pregnant women. Although gestational diabetes

goes away after pregnancy, about 40% of women who had gestational diabetes are diagnosed with type 2 diabetes within 15 years.

Even if they don't have gestational diabetes, women who give birth to babies weighing 9 pounds or more are more likely to have type 2 diabetes later in life.

### Multiple risk factors

The risk of developing type 2 diabetes increases with the number of risk factors you have. If you have 2 or more risk factors, talk to your Primary Care Manager

## NEW BABY...

Continued from page 1

As a service to the new parents at the Robert E. Bush Naval Hospital, a representative of the Patient Administration Department is able to assist in filling out the appropriate forms, with a visit to the bedside, to enroll a new baby into DEERS. The representative then faxes the paperwork to the DEERS office at the Marine Corps Air Ground Combat Center and the new baby is then enrolled to DEERS within 24 to 48 hours. This does not relieve the parents of having to enroll the new baby into TRICARE. To accomplish this the new Mom/Dad need to visit the TRICARE Service Center in the hospital — appointments are not necessary for this procedure. With unique issues brought

about by deployments, the enrollment time may be extended in certain cases.

For questions about TRICARE coverage, visit [www.tricarewest.com](http://www.tricarewest.com), call 1-888-TRICARE (1-888-874-9378), or contact the DEERS support office at 1-800-538-9552 from 6 a.m. to 3:30 p.m. Pacific time Monday through Friday.

## CHCS II...

Continued from page 1

with security in mind. Password protection ensures only authorized people (designated Naval Hospital Twentynine Palms staff with "a need to know" basis) have access to your personal information, just like your paper records. These healthcare professionals understand confidentiality and value individual patient rights. Unlike paper records, however, your computer record will not be misplaced and will be readily available on a 24/7 basis, as needed. When necessary, a paper copy of your computerized record can be easily printed.

Initially, as your provider and the Naval Hospital Twentynine Palms staff become familiar with this

new technology, you may experience a slight increase in the length of your appointments as your health encounter information is documented in CHCS II. As our staff becomes experienced with this new clinical information system, you will see a return to the normal process. We will be implementing CHCS II in March. To assist all of us with the transition, we ask you to please consider putting off routine annual physicals until April or May. This will enable us to continue to meet all of your urgent or acute needs in a timely manner.

For more information about CHCS II and the schedule, please call Lt. Cmdr. Williamson, Patient Contact Representative, 760-830-2475 or Susan Garrett, 760-830-2446.

## Hospital Announcements

### Blood Drive

The Community Blood Bank will be at the Naval Hospital on March 10 for a blood drive. This blood drive will run from 10 a.m. to 2 p.m. Look for the "Bloodmobile" parked just outside the main hospital entrance.

### Perinatal Bereavement Support Group

All persons interested in joining a perinatal bereavement support group. This support group is for parents, grandparents and other family members who have lost children due to miscarriage, still birth, neonatal death and ectopic pregnancy, will meet from 3 to 4 p.m., on the 2nd Wednesday of every month. Please contact LT Lewis, RTS Bereavement Coordinator at 830-2621 for more information.

### March Smoking Cessation

The Robert E. Bush Naval Hospital Health Promotions Program offers tobacco cessation classes in the Naval Hospital. Classes are offered at two convenient times of noon and 5:30 p.m..

To sign up, call Health Promotions at 830-2814. The next set of tobacco cessation classes will start on Mar 15.

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# Nurse Wins The Big Prize on "The Price is Right" TV Show

By Dan Barber, Public Affairs Officer  
Robert E. Bush Naval Hospital

**I**t has been a very good year for Lieutenant Catherine Durham, a Nurse Practitioner in the Robert E. Bush Naval Hospital's Primary Care Clinic.

Especially for the month of January when she was selected as the hospital's Officer of the Year, and after winning a new car as a contestant on the CBS television show "The Price is Right."

When someone says that there is nothing to do in Twentynine Palms, they probably don't consider the fact that Twentynine Palms isn't in the middle of nowhere... it is in the middle of everything, as far as Southern California goes.

Because Twentynine Palms is about a 2 hour drive from Los Angeles some staff members got together and organized a trip to Los Angeles as audience members of the "Price is Right." By luck of the draw and an excellent interview Durham gave to the

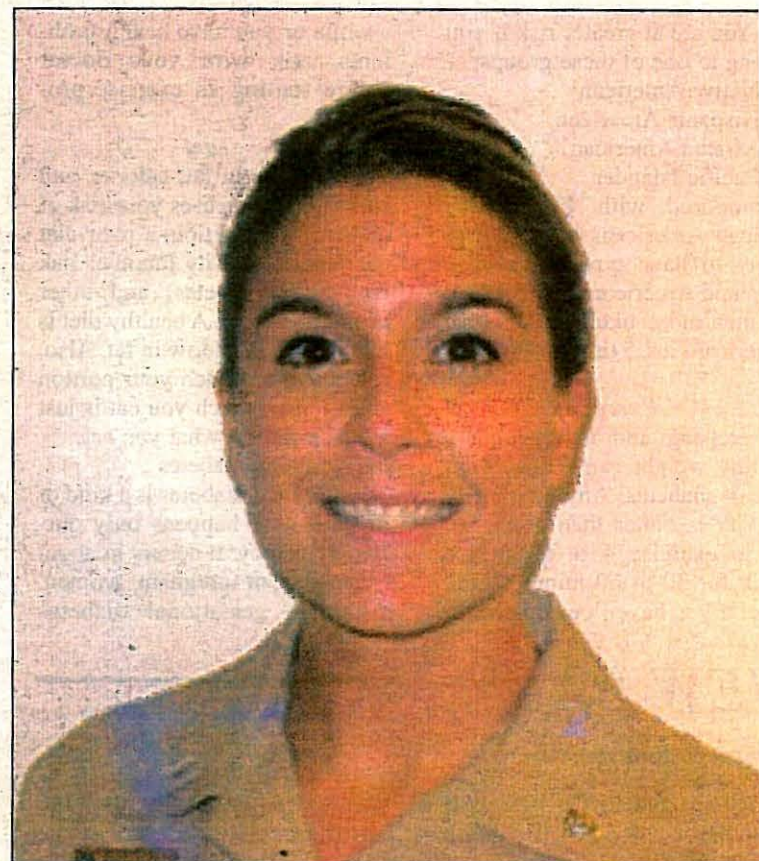
show's producers her name was added to the "hat" for contestants.

When Durham was called down the hospital's contingent to the show broke out in cheer as the cameras panned them in the audience. Durham was the closest to guessing the price of a barbeque grill which made her eligible for an addition game on the show.

During this second game, Durham was required to roll the dice then guess if the price tag held the number above or below the number on the dice. She correctly guessed each roll thereby winning the car.

In addition to gaining fame and fortune on the "Price is Right," a news crew from CBS2 Palm Springs came to the hospital and put together a feature on her which aired on three newscast in two days and on the local television program, "Eye On The Desert."

Durham's husband who is currently serving in Iraq will have a great homecoming this month.



## Temporary Problems with Phone Line for Booking Appointments

By Lt.j.g. Shannon Grant  
Business Manager  
Robert E. Bush Naval Hospital

**S**ince the installation of the new base phone system in December, problems have been identified with Outpatient

Services, 830-2752. Base Communications and Data Directorate is working hard to rectify concurrent problems with dropped calls and loops.

Options for You, the Customer As with any phone line upgrade, the hospital has encountered occasional prob-

lems with the new telephone system, especially with 830-2752. Problems that have been identified include being disconnected or lost in a loop. These problems are only affecting a small percentage of total calls. If you are experiencing these types of problems, please wait 20-30 minutes

then try our number again.

Also, if you have chosen a Primary Care Manager, you can book certain appointments online via [www.tricareonline.com](http://www.tricareonline.com). This site will allow you to enroll under a secure username and

book appointments for routine or follow-up care. The hospital website [www.nhnp.med.navy.mil](http://www.nhnp.med.navy.mil) also has information for using TRICARE Online. Once on our website, select appointments.

Another option to you is appointments in person. Outpatient Services offers customer support at their front counter. Outpatient Services is located in front of the TRICARE Services Center and adjacent to the Mental Health Clinic.

Suggestions to Improve Your Access

The hospital is excited about improving access to care and continually reviews the internal processes to improve overall satisfaction. If you have suggestions on improving the hospital's system, please email Lt.j.g. Shannon Grant, the Business Manager for the Director of Clinical Services at [s.grant@nhnp.med.navy.mil](mailto:s.grant@nhnp.med.navy.mil).

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